

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/598672</div>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1											
2		1		1										
3		2		1										
4		2		1										
5		2		1										
6		①		1										
7	1		1											
8		1		1										
9		1		1										
10		2		1										
11		①		1										
12		2		1										
13				1										
14			1											
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														
35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL IND.	2	↓	3	↓	0	↓		TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	15	←	11	←	0	←		TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	17		14		0			TOTAL CLAIMS	0		0		0	